

STATE OF SOUTH CAROLINA

190306

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINAApplication for new
Class C - Taxi
Authority

TRANSPORTATION COVER SHEET

COPY

Posted: DALE DOCKETDept: SA NUMBER: 2008 - 24 - T

New C Charter

1-1808
9:45

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: AD CAB LLC
Address: 3126 WACCAMAW BLVD #D
MYRTLE BEACH SC
29577Telephone: (843) 448 4242

Fax: _____

Other: _____

Email: B33PIKAANTE@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other paper as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

JAN 18 2008

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

foc

January 17, 2007

State of South Carolina
The Public Service Commission
PO Box 11649
Columbia, SC 29211

RE: ADCAB LLC

To Whom It May Concern:

Please expedite my application for Class C charter due to I have a contract with Logisticare.

Thanks!

Robert Pikaart

RECEIVED

JAN 18 2008

PSC SC
DOCKETING DEPT.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE JAN 12, 2008**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AD CAB LLC

2. (a) Street Address of Applicant 3120 WACCAMAW BLVD.

S.W. 1st Myrtle Beach SC 29572

- (b) Mailing address, if different from street address _____

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DOCKETING DEPT.

- (c) Telephone Number 803 448-4242 Fed: _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

SEE ATTACHED

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

toed

Balance at Time Application is Filed:
 Month: 1 Year: 08

Assets:		
Cash	<u>10,000.00</u>	
Receivables	<u>10,000.00</u>	
Real Estate	<u>0</u>	
Buildings and Equipment-Net	<u>2,500.00</u>	
Motor Vehicles-Net	<u>300,000.00</u>	
Garage Equipment-Net	<u>0</u>	
Machinery and Tools-Net	<u>0</u>	
Supplies on Hand	<u>1,500.00</u>	
Prepays and Other Assets	<u>0</u>	
Total Assets	<u>324,000.00</u>	
Liabilities and Equity:		
Accounts Payable	<u>0</u>	
Notes Payable	<u>228,000.00</u>	
Mortgages Payable	<u>0</u>	
Equipment Obligations	<u>0</u>	
Accrued Salaries and Wages	<u>0</u>	
Other Accrued Obligations	<u>0</u>	
Other Liabilities	<u>0</u>	
Total Liabilities	<u>228,000.00</u>	
Capital Stock	<u>424,000.00</u>	
Retained Earnings	<u>0</u>	
Total Equity	<u>424,000.00</u>	
Total Liabilities and Equity	<u>1,176,000.00</u>	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, John Mitchell, President
 (Name of Applicant's Representative) (Title)

ADCAR LLC, the Applicant for the Certificate of Public
 (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Myrtle Beach

This the 14 day of Jan, 2008

James B. Woodruff
 (Notary Public)

[Signature]
 (Signature of Applicant's Representative)

Commission Expires: 9/12/15

EXHIBIT C

CLASS C

TAXI ☒CHARTER ☒

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant

AD CAB LLC

For the transportation of passengers as follows:

Area to be served:

Horry & Georgetown
Counties

Number of passengers:

10

Fares:

2.40 per mile

Date

1-12-08

By

John Mitchell

Title

President

Rev.10/03

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 1-12-08

AD CAB LLC
(Applicant)

John Mitchell
(Applicant's Representative)

RESIDENT
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Adco

(Name of Motor Carrier)

3120 Waccamaw Blvd, Suite D, MB, SC 29579

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 4,337.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Columbia Ind Co

(Insurance Company Name)

P.O. Box 221229, Charlotte, NC 28222

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1/14/08 Joseph B. Dwyer

Date

(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWAName: ADCB LLCAddress: 3120 WACCAMAW BLVD Ste D Myrtle Beach SC
29578Telephone No. 843 448-4242 Fax No. 843 903 4444

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ☒

(If "yes", indicate nature of judgment(s).)


4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

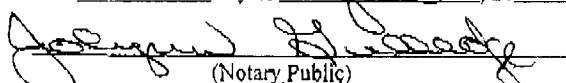
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At Myrtle BeachThis 14 day of Jan, 2008
(Notary Public)Commission Expires: 9/10/15

June 10, 2002

In Re: New Definition of a Limousine

Dear Sir/Madam,

The new definition of a limousine is now officially the law. It reads as follows: A "Limousine" is a passenger carrier utilizing **luxury vehicles and/or vans** equipped to carry up to (15) passengers. A "Limousine" includes **sport utility vehicles and town cars**.

The Public Service Commission of South Carolina is presently enforcing the special limousine license plate on luxury vehicles and vans. **Effective September 1, 2002**, we will begin enforcing the special limousine license plate for sport utility vehicles and town cars as well.

The following items must be provided in order to obtain the new plate:

- Payment of personal property taxes upon notice of the Renewal Notice/Tax Bill from the Office of County Treasurer.
- A copy of the Class C Charter Certificate Of Public Convenience And Necessity from the Transportation Department of the Public Service Commission stamped with the current date.
- A copy of the current vehicle registration
- Receipt of the \$49.00 license plate fee
-

The \$49.00 fee for the specialized plate includes the \$25.00 special fee and \$24.00 for the regular license plate fee. If eligible, the second year biennial fee for the regular license plate will be refunded.

Fees should be made payable to and sent to:
South Carolina Department of Public Safety
DMV Vehicle Registration Mail In Branch
P.O. Box 1498
Columbia, South Carolina 29216-0019

Any questions or comments concerning the Special Charter Limousine License Plate should be referred to the Department of Public Safety at (803) 737-4000.

ADcab

ROCK STAR
cabs

Kyle Price

~~843-458-6862~~

D.O.B.: 5/8/69

602 Waterway Village, Unit 30C

Myrtle Beach, SC 29579

843-458-6862

Occupation: 33 1/3 owner of Boondocks River Grill

Estimated value: \$650,000.00

Robert A. Pikaart

~~843-449-5062~~

D.O.B.: 5/24/58

7702 Woodland Drive

Myrtle Beach, SC 29572

843-449-5062

Occupation: 40% owner of Taxi Solutions, LLC.

100% owner Searco Transportation, LLC.

27 years experience in the taxi industry

15 years in Myrtle Beach, SC

Owner of Coastal Cab from 1997-2001

Partner in Taxi Solutions, LLC and Ad Cab, LLC

Gary Bish

~~843-655-0721~~

D.O.B.: 1/24/48

8117 Wacabee Drive

Myrtle Beach, SC 29579

843-655-0721

Occupation: Real Estate Appraiser for 30 years

Owner (33 1/3) of Boondocks River Grill for one year and partner of Taxi Solutions, LLC and Ad Cab, LLC

John J. Mitchell

~~843-280-5078~~

D.O.B.: 4/30/49 9/6/47

4396 Baldwin Avenue

Little River, SC 29566

843-280-5078

Occupation: Real Estate Agent

30% ownership of Taxi Solutions, LLC and Ad Cab

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AD-CAB LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 8th, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
14th day of June, 2007.

Mark Hammond
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JUN 08 2007

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is AD-CAB LLC
2. The address of the initial designated office of the Limited Liability Company in South Carolina is
3120 WACCAMAN BLVD. Suite D
Myrtle Beach SC 29579
Street Address City Zip Code
3. The initial agent for service of process of the Limited Liability Company is
John Mitchell Gary Bish
Name Signature
 and the street address in South Carolina for this initial agent for service of process is
3120 WACCAMAN BLVD Suite D
Myrtle Beach SC 29579
Street Address City Zip Code
4. The name and address of each organizer is
 - (a) Robert Pikaart
Name
7702 Woodland Dr Myrtle Beach
Street Address City
South Carolina 29572
State Zip Code
 - (b) John Mitchell
Name
4396 Baldwin Ave Little River
Street Address City
South Carolina 29556
State Zip Code

(Add additional lines if necessary)

☐ Check this box only if the company is to be a term company. If so, provide the term specified: NA

c) Gary Bish

7117 WACCAMAN BLVD Myrtle Beach SC 29579

FILED: 06/08/2007

Filing Fee: \$110.00 ORIG



South Carolina Secretary of State

Mark Hammond

070612-0133
AD-CAB LLC

8117 WACOBE DR, Myrtle Beach, SC 29579

d) Kyle Pelce

602 (30-C) Waterway Village

Myrtle Beach, South Carolina 29579

AD-CAB LLC

Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) John Mitchell
Name
4396 Baldwin Ave Little River
Street Address City
South Carolina 29566
State Zip Code

(b) Robert Pikaart
Name
7702 Woodland Dr Myrtle Beach
Street Address City
South Carolina 29572
State Zip Code

(c) Gary Bish
Name
8117 Wacober Dr Myrtle Beach
Street Address City
Myrtle Beach S.C 29579
State Zip Code

(d) Kyle Price
Name
602 (30-C) Waterway Village Myrtle Beach
Street Address City
South Carolina 29579
State Zip Code

(Add additional lines if necessary)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

John Mitchell - ALL debt & obligations
Robert Pikaart - ALL debt & obligations
Gary Bish - ALL debt & obligations
Kyle Price - ALL debt & obligations

AD-CAB LLC
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

NA

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

[Signature]
[Signature]
[Signature]
(Add Additional lines, if necessary)

Date 6/1/07

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

APPLICATION FOR LICENSE DECAL**INSTRUCTIONS:**

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1441 Main Street, Suite 300, Columbia, SC 29201.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information will be returned unprocessed.

CLASS C TAXI / C CharterApplication is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2008Certificate Holder: ADCA LLC3120 WACCAMAW BLVD

Mailing Address

(Exact Name of Certificate Holder)

MYRTLE BEACHSC 29579

City, State and Zip Code

Street Address if Different From Mailing Address

843-448-4242

Telephone No.

Owner of Vehicle

Name as Listed on the Title or Registration

City, State and Zip Code

Make of Vehicle DODGEBody Type SPRINTER VANVIN Number 246448

(Last 8 digits)

Year Model 2002**VEHICLE IDENTIFICATION**

Seating Capacity

Empty Weight 6000FEE \$ 27.50

*** IMPORTANT *** A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

*** FARES OR CHARGES (List maximum rates only; mandatory to receive decal) \$2.40/MILEAPPLICANT'S SIGNATURE: [Signature]

FORM LT-P (REV. 06/07)